

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED  
OMB NO. 0938-0391

452 2/28/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445263	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  01/12/2015
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NAME OF PROVIDER OR SUPPLIER

TRI STATE HEALTH AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

600 SHAWANEE RD

HARROGATE, TN 37752

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 021 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to maintain the automatic magnetic door hold open devices.</p> <p>The findings include:</p> <p>Observation and interview on January 12, 2015 at 1:45 p.m. revealed when the fire alarm is activated 7 of 7 the corridor smoke and fire doors release and when the fire alarm is silenced, the silencing re-energized the magnetic hold open devices.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on January 12, 2015.</p>	K 021	<p>The facility will contact the fire alarm monitoring and maintenance company in order to correctly program the fire panel and/or the door release components. The system will be correctly programmed to ensure that interior doors remain closed while the alarm is in silence mode and the magnetic hold open devices are not reenergized until the fire panel is reset.</p> <p>The Director of Maintenance will check this system monthly during the monthly fire drill to ensure the door release component continues to function correctly.</p> <p>The fire drill/ fire alarm function reports will be reviewed in the facility's QA Committee which meets each month.</p>	2/28/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Douglas Clanton*

*Administrator*

*1-30-2015*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



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NAME OF PROVIDER OR SUPPLIER  TRI STATE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 600 SHAWANEE RD HARROGATE, TN 37752		
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K 021	Continued From page 1	K 021		2/28/15	
K 062 SS=D	NFPA 101 19.2.2.2.6* NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to maintain components of the automatic sprinkler system.  The findings include:  Observation on January 12, 2015 at 11:50 a.m. and 1:40 p.m. revealed the sprinkler head in the 300 shower room is bent and damaged and the sprinkler head in the corridor by room 100 the deflector is bent.  This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on January 12, 2015. NFPA 25 2-2.1.1* NFPA 101 MISCELLANEOUS  OTHER LSC DEFICIENCY NOT ON 2786  This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to maintain fire doors.	K 062	The facility will obtain the services of the sprinkler contractor in order to repair or replace both sprinkler heads. The facility will request a complete visual inspection of all sprinkler heads. Any other sprinkler head found to be in need of repair will be either repaired or replaced.  The Director of Maintenance will ensure that all sprinkler heads are visually inspected at least once each quarter to ensure that all sprinkler heads are in operable condition.  The Director of Maintenance will maintain and furnish inspection reports to the facility QA Committee.  The door at the 300 Hall Mechanical Room will be replaced.	2/28/15	
K 130 SS=D		K 130			



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K 130	<p>Continued From page 2</p> <p>The findings include:</p> <p>Observation on January 12, 2015 the 300 hall mechanical room 90 minute fire door is busted at the bottom and pulling apart.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on January 12, 2015. NFPA 80 15-1.4</p> <p>Repairs shall be made and defects that could interfere with operation shall be corrected immediately. NFPA 80 15-2.5.2</p> <p>15-2.5.2</p> <p>Any breaks in the face covering of doors shall be repaired immediately.</p>	K 130	<p>The Director of Maintenance and the Safety Committee team will review every facility door to ensure that all doors are intact and working properly. Any other door found to be in need of repair will either be repaired or replaced.</p> <p>All doors will be inspected by the safety committee at least quarterly to ensure continued compliance with this regulation.</p> <p>All safety committee findings will be reviewed by the facility QA Committee which meets each month.</p>	2/28/15